

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	<i>63814</i>	<i>7/13/95</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>7-16-99</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>88578</i>	<i>7/26/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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19	✓	✓	✓
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21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
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40	✓	✓	✓
41	✓	✓	✓
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43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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